

STATE INFRASTRUCTURE BANK INITIAL PROJECT APPLICATION

Information required by Michigan Department of Transportation, by authority of the
National Highway System Designation Act of 1995, to apply for funding. MDOT 1784 (6/02)

[INSTRUCTIONS - Page 2](#)

APPLICANT INFORMATION

1. APPLICANT AGENCY

MDOT

Economic Development Corp.

Airport/Port Authority

State or Regional Government

County Road Commission

Transit Agency

Other (Specify)

2. APPLICANT NAME

DATE SUBMITTED

3. PROJECT NAME

PROJECT ZIP CODE

4. APPLICANT MAILING ADDRESS

CITY

STATE

ZIP CODE

5. CONTACT PERSON

TITLE

PHONE NO

CONTACT PERSON'S ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

PROJECT DESCRIPTION

6. ROUTE NAME/FACILITY

LOCATION

MDOT REGION

COUNTY

CITY/VILLAGE/TWP.

7. TYPE OF PROJECT

HIGHWAY

TRANSIT

OTHER (Specify): _____

8. IS THIS PROJECT ELIGIBLE FOR FEDERAL AID?

Yes

No

9. PROJECT DESCRIPTION (Provide brief description here and more detail in [Attachment A.](#))

10. PROJECT BENEFITS (Provide brief description here and more detail in [Attachment B.](#) i.e., Importance of project to community, how it promotes economic development.)

RISK ASSESSMENT (If agency does not receive loan, it may not (what?))

11. DOES THE PROJECT HAVE THE SUPPORT OF THE LOCAL GOVERNMENT UNIT(S) THAT ARE IMPACTED BY THE PROJECT?

Yes No

12. DOES THE PROJECT HAVE THE SUPPORT OF THE TRANSPORTATION AGENCY (e.g. County Road Commission, City Street Administration, Local Transit Agency, etc.) WITH JURISDICTION OVER THE FACILITY?

Yes No

13. IS THE PROJECT WITHIN A METROPOLITAN PLANNING ORGANIZATION (MPO) BOUNDARY?

Yes No

If yes, is the Project on an approved MPO Transportation Improvement Plan (TIP)?

Yes No

If No, is the Project on an approved State Transportation Improvement Plan (STIP)?

Yes No

14. IS THE PROJECT ON A STATE HIGHWAY TRUNKLINE?

Yes No

If yes, is it on the STIP?

Yes No

PROJECT FINANCING

15. PROJECT STATUS (Please explain current status of the project, e.g. planning, design, project start and completion dates.)

ESTIMATE PROJECT CONSTRUCTION TIMELINE	START DATE	END DATE
16. TOTAL PROJECT COST	SIB LOAN AMOUNT REQUESTED	

17. PROPOSED PROJECT FINANCING SOURCES (Do not include SIB Repayment Source)

STATE INFRASTRUCTURE BANK	\$ _____
FEDERAL AID	\$ _____
ACT 51 FUNDS	\$ _____
ASSESSMENTS	\$ _____
USER PAYMENTS/FEES	\$ _____
LOCAL FUNDS	\$ _____
OTHER (Specify) _____	\$ _____

18. TYPE OF FINANCING ASSISTANCE REQUESTED
LOAN CREDIT ENHANCEMENT

19. REPAYMENT TERMS REQUESTED

20. REPAYMENT SOURCE FOR SIB LOAN

_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL \$	_____

21. PROPOSED SECURITY / COLLATERAL

22. ARE YOU AN ACT 51 AGENCY? Yes No If yes, what is your annual Act 51 allocation? _____

CHECKLIST

23. CHECK ALL OF THE FOLLOWING ITEMS THAT ARE ATTACHED:

ATTACHMENT A - Description of Proposed Project

ATTACHMENT B - Benefits of Proposed Project

CERTIFICATION

24. SIGNATURE	TITLE	DATE
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Completed Initial Project Application and all applicable attachments may be submitted for initiation of the SIB review process to:

State Infrastructure Bank
Michigan Department of Transportation
Office Of Economic Development & Enhancement
Van Wagoner Building
425 W. Ottawa Street
P.O. Box 30050
Lansing, Michigan 48909

Deanna Finch
SIB Program Coordinator
(517) 241-4778
(517) 373-2687 fax

E-mail Address:
finchd@michigan.gov

ATTACHMENT A: DESCRIPTION OF PROPOSED PROJECT

In your description, include an explanation of the problem that this project is designed to address.
Please include a map. Attach additional pages if necessary.

ATTACHMENT B: BENEFITS OF PROPOSED PROJECT

Discuss how SIB financing will help attract new public/private investment, reduce project costs and accelerate project completion. Identify other project benefits, e.g. access, mobility, economic, preservation, environmental.

Attach additional pages if necessary.
